

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH38668  
State File No. 9217

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1357 Leffingwell					
3. NAME OF DECEASED (Type or Print)		a. (First) Isaac		b. (Middle)		c. (Last) Jones			
4. DATE OF DEATH		(Month) Oct.		(Day) 26		(Year) 1950			
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 12, 1897			
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 9		IF UNDER 1 YEAR Days 14		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY -None					
11. BIRTHPLACE (State or foreign country) Gunsen, Mississippi				12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME Isiah Jones				13b. MOTHER'S MAIDEN NAME Mary Walton		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Lung Abscess and right Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Bronchopneumonia and Malnutrition				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 10-23, 19 50, to 10-26, 19 50, that I last saw the deceased alive on 10-26, 19 50, and that death occurred at 1:40 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Alvin J. Thayer</i>				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 10-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,			
DATE REC'D BY LOCAL REG. 10-30-50		REGISTRAR'S SIGNATURE <i>J. B. Pasita</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. France</i>		ADDRESS 1221 N. Grand			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Clarence Crum*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address \_\_\_\_\_

*2171 So*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.